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In re Patent Application of

BRISCOE et al.

Serial No. 09/674,706

Filed: November 6, 2000

For: COMMUNICATIONS NETWORK



Atty. Ref.: 36-1384

Group: 2161

Examiner:

Technology Center 2100

* * * * *

December 15, 2000

Assistant Commissioner for Patents
Washington, DC 20231

Sir:

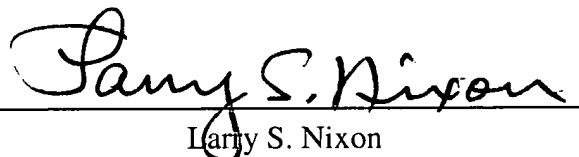
REQUEST FOR CORRECTION OF FILING RECEIPT

Enclosed is a copy of the Filing Receipt for the above-identified application which incorrectly states the number of drawings as "14". It should read --15--. Also the total number of claims should read --38-- and total number of independent claims should read --8--. (See Preliminary Amendment filed November 6, 2000 with the filing of the application). The correction is shown in red on the attached copy of the filing receipt. Please note your records accordingly. Correction of same is respectfully requested.

Respectfully submitted,

NIXON & VANDERHYE P.C.

By:



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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/674,706	11/06/2000	2161	1682	36-1384	14 15	39 38	9 8

FILING RECEIPT



OC000000005604301

Nixon & Vanderhye
1100 North Glebe Road 8th Floor
Arlington, VA 22201-4714

Date Mailed: 12/08/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Robert J Briscoe, Suffolk, GBN ;
Michael Rizzo, Suffolk, GBN ;

Continuing Data as Claimed by Applicant

THIS APPLICATION IS A 371 OF PCT/GB99/01772 06/04/1999

Foreign Applications

UNITED KINGDOM 9812161.9 06/05/1998
EUROPEAN PATENT OFFICE (EPO) 98309609.0 11/24/1998
UNITED KINGDOM 9825723.1 11/24/1998
UNITED KINGDOM 9902052.1 01/29/1999
UNITED KINGDOM 9902648.6 02/05/1999

If Required, Foreign Filing License Granted 12/07/2000

Title

Communications network

Preliminary Class

705

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Title 37, Code of Federal Regulations, 5.11 & 5.15**

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Bib Data Sheet

CONFIRMATION NO. 3584

SERIAL NUMBER 09/674,706	FILING DATE 11/06/2000 RULE	CLASS 705	GROUP ART UNIT 2161 2164	ATTORNEY DOCKET NO. 36-1384
APPLICANTS Robert J Briscoe, Suffolk, GBN; Michael Rizzo, Suffolk, GBN;				
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/GB99/01772 06/04/1999				
** FOREIGN APPLICATIONS ***** UNITED KINGDOM 9812161.9 06/05/1998 EUROPEAN PATENT OFFICE (EPO) 98309609.0 11/24/1998 UNITED KINGDOM 9825723.1 11/24/1998 UNITED KINGDOM 9902052.1 01/29/1999 UNITED KINGDOM 9902648.6 02/05/1999				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/07/2000				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature Initials	STATE OR COUNTRY GBN	SHEETS DRAWING 14	TOTAL CLAIMS 39
INDEPENDENT CLAIMS 9				
ADDRESS Nixon & Vanderhye 1100 North Glebe Road 8th Floor Arlington, VA 22201-4714				
TITLE Communications network				
FILING FEE RECEIVED 1682	FEES: Authority has been given in Paper No. _____ to charge/credit-DEPOSIT-ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time.) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	